PTO/SB/07 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

Filing Date

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Application Number

10/674045 **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend ī ī ı Total Total Indep Indep Total Total Depend Depend Total Claims

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